

Rhode Island Department of Environmental Management

Office of Boat Registration & Licensing

235 Promenade Street Room 360

Providence RI 02908-5767

(401) 222-6647 TDD (401) 222-4462

PRINCIPAL EFFORT LICENSE (Age 65+) RENEWAL APPLICATION

Mailing Address

Name: _____

Street: _____

City, State, ZIP: _____

Applicant ID: _____

Residence Address (Cannot be a PO Box)

Street: _____

City, State, ZIP: _____

DOB: _____

Current License Information

License Type: _____

License Description: _____

License Number: _____

Expiration Date: _____

Occupation: _____

New License Information:

License Type: _____

License Description: _____

License Number: _____

Expiration Date: _____

***** (MUST BE RENEWED NO LATER THEN 02/28/2005) *****

Renewal Grace Period with \$200.00 Late Fee March 1, 2005 – April 29, 2005

The information below is REQUIRED in order to renew your license

<u>Gear Type</u>	<u>Non-binding</u> <small>For Informational purposes ONLY Please check all that apply</small>
Rod & Reel	
Otter Trawl	
Fish Pot	
Lobster Pot	
Bullrake	
Other (Please specify)	

Principal Effort License	\$0.00
Quahog & Non Quahog Endorsement	\$0.00
Fishery Endorsements (Additional \$75.00 Each)	
Non Lobster Crustacean	\$
Non Restricted Finfish	\$
TOTAL DUE:	\$

NOTES

- Please make check or money order payable to: **State of Rhode Island-DEM** & mail or deliver to address above
- Every vessel engaged in Commercial Fishing must be declared on a Commercial Vessel Declaration Application
- Rules & Regulations are available at www.state.ri.us/dem or The Office of Boat Registration & Licensing
- You are required to submit the Taxation Certification pursuant to RI GL§ 5-76 and 31-3 along with your application for marine license

Resident RIGL20-1-3(8) Resident means an individual who has had his or her actual place of residence and has lived in the state of RI for a continuous period of not less than six (6) months:

I hereby certify that I am a RI resident and the information contained herein is true and correct:

Signature: _____ Date : _____ RI DL# _____

Telephone Number : _____ (Optional)